

## SBI Life - Grameen Super Suraksha (UIN: 111N039V04)

A Group, Non-linked, Non-participating, Pure Risk Premium Micro Life Insurance Product

### For Office Use Only

Date of Proposal : <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; text-align:center;">D</td> <td style="width:20px; text-align:center;">D</td> <td style="width:20px; text-align:center;">M</td> <td style="width:20px; text-align:center;">M</td> <td style="width:20px; text-align:center;">Y</td> <td style="width:20px; text-align:center;">Y</td> <td style="width:20px; text-align:center;">Y</td> <td style="width:20px; text-align:center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Branch Location :												
D	D	M	M	Y	Y	Y	Y														
Source of Lead: <input type="checkbox"/> Agency <input type="checkbox"/> Broking <input type="checkbox"/> Corporate Agency(SBG) <input type="checkbox"/> Corporate Agency(CS)																					
<input type="checkbox"/> Corporate Agency(Alternate Channel) <input type="checkbox"/> Direct <input type="checkbox"/> Micro Insurance Agent																					
Channel Code: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> </tr> </table>																					

### Instructions for filling the Proposal form

1. This form is to be filled only in **BLOCK LETTERS** in black or blue ink.
2. Please tick (✓) the box wherever required/ relevant to the content.
3. Insurance is a contract of utmost good faith, which requires the Proposer/ Member to disclose all material facts in respect of lives to be insured. Even in case of doubt as to whether a fact is material or not, the fact should be disclosed.
4. As the statements in this proposal constitute warranties, complete and accurate information must be given.
5. Please submit authenticated Member data with this form to enable SBI Life Insurance to determine premiums. Data fields required are: Name of Member, Age or Date of Birth (DD/MM/YYYY), Sum Assured required and Gender, etc.
6. Please strike out parts which are not applicable and write 'N.A.'.
7. Please give details if "others" option has been selected.

### 1. CLIENT DETAILS

Full Name of the Master Policy Holder:	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T																						
Address of the Master Policy Holder:	<table border="1" style="width:100%; border-collapse: collapse; height: 40px;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																																				
Year of Incorporation:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>				Nature of Group:	<table border="1" style="width:100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																															
	Others (Please Specify):		<table border="1" style="width:100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																																		
Industry & Nature of Business:	<table border="1" style="width:100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																																				
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Type of Organisation:	<table border="1" style="width:100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																																				
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PAN Number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td> </tr> </table>										<input type="checkbox"/> I/We do not have a PAN Card and have submitted Form 60																										

**Note:** Please provide PAN number or submit Form 60 if the annualized premium under this proposal exceeds Rs. 50,000/-

Location of the group(s) to be covered: 

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### Contact Details 1:

Name :	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T																									
Designation:	<table border="1" style="width:100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																																							
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### Contact Details 2:

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**DECLARATION**

**I / We, the undersigned, declare for and on behalf of \_\_\_\_\_**  
(Full name of the proposer) that:

1. I/ We are herewith submitting this proposal to SBI Life Insurance Company Ltd. (Company) for issuance of a Master Policy in our favour. I/ We confirm that SBI Life - Grameen Super Suraksha plan, the benefits there under, the terms and conditions thereof etc. have been explained to me/ us and I/ we have fully understood and agreed to abide by them.
2. I/ We have obtained all the approvals and completed all the necessary procedures stipulated as per the relevant internal Guidelines/ Rules/ Bye Laws/ Statutory Provisions etc. applicable to us, and that accordingly I/we are duly authorised to sign the Proposal Form, furnish any particulars and carry out all matters in connection with or incidental to the aforesaid Group Insurance arrangement with the Company. I/ We further affirm that the Company shall not be liable in manner whatsoever for relying upon this confirmation and issuing a Master Policy in our favour.
3. I/ We further declare that statements/ submissions made by me/ us in this Proposal Form (including any addendum(s) thereto), all declarations, affidavits, and other statements and/ or any other information sought by the Company from us and relied upon by the Company to consider the issuance of the Master Policy in our favour and/ or to assess the risk on the lives to be insured under this Proposal Form shall form a basis of contract of insurance between me/ us and SBI Life.
4. I/ We understand and agree that the Company may defer the issuance of the Master Policy to be issued in our favour till the Company duly receives, to its complete satisfaction, all the necessary clarifications/ documentation or other requirements sought by the Company. I/ We also understand and agree that the Company may issue a Master Policy at its sole discretion, so as to commence from an appropriate date, and that until the Company so issues the Master Policy Contract, no cover shall commence for any person who is sought to be admitted to the proposed Master Policy Contract.
5. I/ We undertake that prior to forwarding any Membership Form and/ or any Member Data to the Company for admitting any person as a member under the Proposed Master Policy Contract; I/ We shall ensure that he/ she meets the applicable eligibility criteria as stated herein. I/ We also agree to make available to Company such records, documents, information etc. related to the same as may be required.
6. I/ We confirm that we have obtained consent from Members/ Borrowers whose particulars are submitted with this proposal for admission to the proposed Master Policy to be issued in our favour. Further, I/ we do confirm that we shall continue to obtain consent from all those eligible to participate in the Master Policy that may be issued in our favour, pursuant to this Proposal Form.
7. I/ We understand and agree that premiums shall be due in advance for all lives to be covered under the Master Policy Contract that may be issued in our favour.
8. I/ We agree and undertake to furnish all the required details about lives to be insured/ lives insured in the Company's format, both in the soft copy (Member Data) and the hard copy forms (Membership List). I/ We further agree and undertake to furnish all the requisite documents in respect of claims within the stipulated time period and in the manner laid down in the Master Proposal Form.
9. I/ We understand and agree that the Group Insurance Cover to be provided by the Company pursuant to this proposal, shall be governed by the Master Policy Contract to be issued by the Company in our favour, and shall be further subject to the Insurance Act, 1938, any other relevant Statutes, IRDAI Rules/ Regulations/ Guidelines etc. in force.
10. I/ We understand and agree that if any untrue statement is contained in the Proposal Form (including any addendum(s) thereto)/ or any of the documents, statements, information, etc. provided by the Company in connection therewith or if there has been a non disclosure of material fact, then in such an event, the Policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misrepresentation being established by the insurer in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
11. I authorize the Company to share the information contained in my proposal with any Governmental and/or Regulatory authority.
12. I understand that the insurance contract will be governed by the provisions of all the applicable Statutes, as amended from time to time.

Authorised Signatory Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Place: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature